

APPLICANT ASSURANCE OF AVAILABILITY OF THE LOCAL SHARE OF PROJECT FUNDING

I hereby certify that funds to finance the local share of the cost of the State Revolving Loan Fu fol

	(SRF) eligible project will be available within 90 days of loan closing, and that the wing information (including any attached pages) is complete and true.
A. expla	(Instruction: Insert information regarding each item. Attach any extensive mations required.)
	1. Source of funds.
	2. Amount of funds.
	3. Financial arrangements completed to date.
	4. Future actions required to obtain the funds, and a schedule for these actions.
	Authorized Representative of the Applicant
	Legal Name of Applicant
	Date